

D.I. # _____

CIVIL ACTION

NUMBER: 08-06 SLRU.S. POSTAL SERVICE
CERTIFIED MAIL RECEIPT(S)

7007 3020 0002 3321 7531

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$ 460
Certified Fee	265
Return Receipt Fee (Endorsement Required)	215
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 940
Sent To: <u>Warden Mike DeLong, SCT</u> Street, Apt. No., or PO Box No. <u>P.O. Box 500</u> City, State, ZIP+4 <u>Georgetown DE 19947</u>	
PS Form 3800, August 2006 See Reverse for Instructions	

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